**Minutes of the Diagnostics Specialty Training Board meeting held at 10.30 am on Wednesday 22 March 2017, in the Deveron Room, ADEC, Foresterhill, Aberdeen (with videoconference links)**

**Present**: Peter Johnston (Chair) PJ, John Cummings (JC), Shona Olson (SO).

**By videoconference:** *Dundee* – Sharon Edwards (SE), Vicky Hayter (VH), Clare McKenzie (CMK), Jonathan Weir-McCall (JWM); *Edinburgh (RIE)* - Hannah Monaghan (HMo); *Edinburgh (Westport)* - Fiona Ewing (FE), Marie Mathers (MM), David Summers (DS); *Glasgow* - Frances Dorrian (FD), Clair Evans (CE), Peter Galloway (PG), Sai Han (SH), Wilma Kincaid (WK), Iain McGlinchey (IMG).

**By telephone:** John Bremner (JB).

**Apologies**: Judith Anderson (JA), Raj Bhat (RB), Ralph Bouhaider (RBo), Bernard Croal (BC), Stewart Fleming (SF), Robert Fleming (RF), Pota Kalima (PK), Alasdair McCafferty (AMC), Rowan Parks (RP), Jane Paxton (JP), Fiona Payne (FP), Colin Smith (CS), Emma Watson (EW).

**In attendance:** *Edinburgh (Westport)* – Helen McIntosh (HM).

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| **Item** |  | **Action** |
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| 1. | **Welcome and apologies** |  |
|  | The Chair welcomed all to the meeting and apologies were noted. |  |
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| 2. | **Minutes of meeting held on 31 January 2017** |  |
|  | One amendment was noted:Page 4, Item 9.11, first sentence to read ‘…The GMC had confirmed that trainees coming into Nuclear Medicine from Radiology could get a Nuclear Medicine CCT and a Radiology CESR.’With this amendment the minutes were accepted as a correct record of the meeting and will be posted on the Scotland Deanery website. |  |
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| 3. | **Matters arising/actions from previous meeting** |  |
| 3.1 | **LaMP courses capacity: update** |  |
|  | PJ had spoken to Professor MacVicar. They agreed courses have proved very popular and that other courses were available. |  |
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| 4. | **TRAINING MANAGEMENT** |  |
| 4.1 | **Recruitment update** |  |
|  | FD reported that Scotland was engaging for the first time this week in facilitated placements and all work will be done centrally. This would allow applicants with a compelling reason to be in a particular area to have their placements moderated. The overall picture will not be known until next week.A few vacancies remain:* Radiology – one each in North/West and East.
* Histopathology – one post in North and 2 in the East.
* Chemical Pathology – the North post has not yet filled.

PJ noted his attendance earlier in the week at a conference where he presented on departments with difficulties. His chief message was that work can be done locally to improve trainee experience eg rota cover/advance rota information/ not being asked to do more shifts at short notice/consultants knowing trainees’ names/made to feel part of a team.The group discussed lifestyle changes among trainees and the need to adapt to their changing expectations. While it was relatively easy to identify areas of concern it was less easy to agree how to address them. CM said this was not a problem unique to Diagnostics specialties and felt they should concentrate on the positives as to why people remain. She proposed setting up a focus group including Diagnostics trainees and to challenge the trainee group to generate interest/what would encourage trainees. IMcG noted the involvement of the BMA Consultants Committee in the Government’s Recruitment and Retention Group for which papers were available online. PJ noted various studies showing that trainees rated working environment most highly with geography also very important. He felt facilitated placements would be a positive move. PJ will summarise the discussion and produce an action plan to take the work forward. | **PJ** |
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| 5. | **PROFESSIONAL DEVELOPMENT** |  |
| 5.1 | No items to discuss. |  |
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| 6. | **QUALITY** |  |
| 6.1 | **Quality Update** |  |
| 6.2 | **Recent visit reports** |  |
|  | The SQMG highlights report had been circulated to the group and FE highlighted:* MedMicro visit – the HR investigation at NHS Grampian was still to report.
* MedMicro at QEUH – timelines have been set and job plan time identified as a priority.
* Two visits took place in February – one to the Radiology programme at Forth Valley. Overall it was a very positive visit.
* The Forensic Histopathology visit had been challenging – as there were only 3 trainees in programme it was difficult to preserve anonymity. The report was being written up. One site required improved communications and a revisit to the specialty was likely although this will be delayed to the start of next year due to the GMC visit. PJ said the programme was relatively new and he felt they were beginning to take positive steps to working together. WK agreed there has been much progress in a short time. The TPD has worked hard to bring the programme together eg an STC has been established.
* A visit has been arranged next month to Radiology at GRI – this was a good practice visit and a similar visit will be held in June in Dundee
* Trainee Associates – some were still to be trained and all will be assigned to mentors for appraisal. They will attend visits and MQMG meetings.
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|  | **FACULTY DEVELOPMENT****STRATEGIC PLANNING AND DIRECTORATE SUPPORT**No items to discuss. |  |
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| 7. | **Standing items** |  |
| 7.1 | **Draft proposals for NES Equality Outcomes, 2017-2021** |  |
|  | The paper, previously circulated, will be re-circulated to the board for its information. | **HM** |
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| 8. | **Update reports** |  |
| 8.1 | **Lead Dean/Director** |  |
|  | CM highlighted:* MDET will meet the GMC visiting team on 4 April and should hear soon after which specialties and LEPs will be visited. Information will be circulated as soon as it became available.
* The most recent MDET/STB Chairs meeting agreed to formalise the Simulation Group and all requirements will be submitted to the group in liaison with TPDs. Work on a Foundation/CMT/Surgical Training simulation rollout was taking place and Diagnostics specialties were encouraged to highlight any need. PJ asked the specialty leads to discuss this within their groupings and return with any suggestions/proposals.
 | **Specialty Leads** |
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| 8.2 | **Histopathology** |  |
|  | MM noted they were looking at suitable dates for the national ARCP pilot. This will consist of local processes for Outcome 1s; followed by a national process to be held in Edinburgh where predicted non Outcome 1s will be considered; and following this a meeting with the trainee. Externality and admin support will be provided for the national part of the process. A review of what has worked/what was less successful will the undertaken. A standard email will be produced to send to all trainees to reassure them of the process. The timescale for the work was June and July. |  |
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| 8.3 | **Diagnostic neuropathology** |  |
|  | A trainee has been recruited in West to begin in programme in August. |  |
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| 8.4 | **Paediatric Pathology** |  |
|  | Two trainees have started and were doing well – there will be one placement in Aberdeen later in the year. |  |
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| 8.5 | **Forensic Histopathology** |  |
| 8.6 | **Radiology** |  |
| 8.7 | **Medical Microbiology** |  |
|  | No updates were received. |  |
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| 8.8 | **Virology** |  |
|  | The advert for the TPD post will go live next week – CM will seek to highlight it to all TPDs when information was available. |  |
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| 8.9 | **Combined Infection Training** |  |
|  | CM reported that TPDs were meeting under an ‘STC’ banner to consider how to work together more effectively – improved information will be available on the website and they will provide an induction package and ARCP collaboration and process collaboration will be improved in the future. PK will chair the group in the first instance. Noted – ID was a Medical specialty and part of the Medicine STB so links would have to be developed and maintained. |  |
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| 8.10 | **Nuclear Medicine** |  |
|  | One post filled in the 1st round of recruitment and the trainee will start in August. |  |
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| 8.11 | **Chemical Pathology and Metabolic Medicine** |  |
|  | There were 6 national trainees applying to ST3, the highest figure for some time. A recent consultant post advertised at QEUH received no applications. PJ confirmed he highlighted this in his most recent MDET report. HMo said that providing Foundation experience helped get people into the specialty and these could be sold as community link posts/programmes. There have also been initiatives to invite first and second year medical students to laboratories. This has produced good feedback and this could be used to put pressure on the universities. PJ also noted that universities have undergraduate groups – recent evening information sessions had been organized. |  |
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| 8.12 | **Trainees Issues** |  |
|  | JMW sought clarification on the study leave budget. CM confirmed there was no underspend this year. |  |
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| 8.13 | **Academic issues** |  |
| 8.14 | **Service issues** |  |
|  | No updates were received. |  |
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| 8.15 | **DME** |  |
|  | WK will deal locally with any issues around training environment and if issues persisted she and HMo will take this forward. |  |
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| 8.16 | **Lay representative** |  |
|  | No update was received. |  |
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| 9. | **Received for information** |  |
|  | No additional information was received. |  |
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| 10. | **AOCB** |  |
|  | No other business was raised. |  |
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| 11. | **Date and time of next meeting** |  |
|  | The next meeting will be held at 10.30 am on Wednesday 10 May 2017 in Meeting Room 6, Forest Grove House, Foresterhill, Aberdeen (with videoconference |  |

**Actions arising from the meeting**

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| **Item no** | **Item name** | **Action** | **Who** |
| 4.4.1 | TRAINING MANAGEMENTRecruitment update | To summarise the discussion and produce an action plan to take the work forward. | PJ |
| 7.7.1 | Standing itemsDraft proposals for NES Equality Outcomes, 2017-2021 | To re-circulate document. | HM |
| 8.8.1 | Update reportsLead Dean/Director: Simulation Group | To discuss within groupings and return with any suggestions/proposals. | Specialty Leads |